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Bringing Evidence to the Bedside: An ED-Based Research / EBP Council

BACKGROUND

- Time for translation of knowledge to the bedside can range between 13 to 17 years (Morris et al., 2011).
- Incorporation of evidence in the ED is hindered by:
 - department pace
 - RN ability to evaluate & implement evidence
 - willingness to change practice (Wallis et al., 2012)
- Clinical Practice Guidelines (CPG) provide concise, evidence-based recommendations for practice (Vander Schaaf, 2015).
- An opportunity exists to conduct RN led clinically based research in an Emergency Care Setting (Richardson, 2015).

LOCAL CONTEXT

- The SJO ECC did not have a process to evaluate clinical practice guidelines for incorporation into practice.
- There was a need to provide oversight and support for department research, EBP and QI projects.

PURPOSE

- Develop a nurse-driven process to oversee department EBP, Research and QI activities to promote the translation of evidence to clinical practice in a structured and timely manner.

METHODS

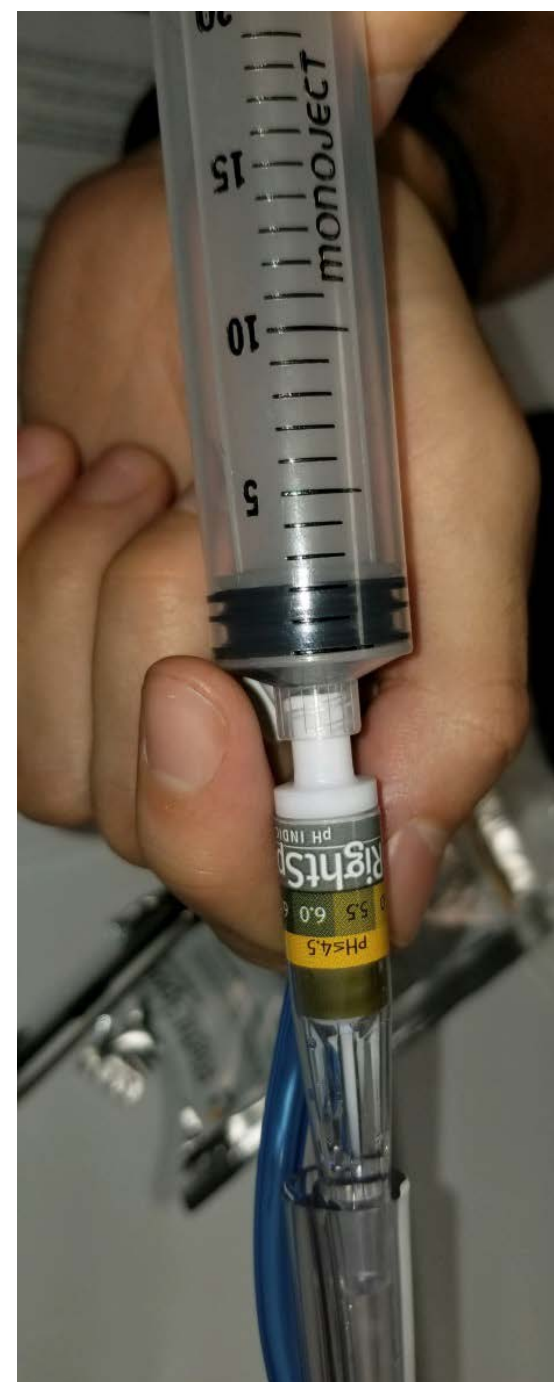
- 2016 – Initial meeting: development of goals, council structure, objectives and meeting schedule.
- Monthly meetings chaired by a staff nurse.
- Structured monthly agenda: newly proposed ENA CPGs, audits of current practice changes and status of ongoing clinical projects.
- Monthly, members select a research/EBP topic and evaluate it for clinical appropriateness prior to the next meeting.
- Each proposed clinical practice change is led by one council member who tracks compliance with the new process.
- Activities are reported to ED management, Unit Based Council, and quarterly, to the hospital’s Nursing Research Council.

LIMITATIONS

- Multiple approvals are often necessary to initiate a change.
- Consistent ongoing council attendance.



Orthostatic vital sign teaching



RightSpot teaching

RESULTS AND OUTCOMES

- Over the last two years the council has:
- Conducted 8 Emergency Care Center studies.
 - Evaluated evidence for 3 additional EBP projects.
 - Implemented 4 ENA Clinical Practice Guidelines.
 - Orthostatic Vital Signs
 - Capnography during moderate sedation
 - Gastric tube placement verification
 - Difficult IV access
 - Addressed clinical practice questions from staff through evaluation of clinical research.

IMPLICATIONS FOR PRACTICE / CONCLUSIONS

- The council is a prototype for what can occur in all health care departments and specialty areas.
- Provide opportunities for clinical RNs to take on leadership roles.
- Promote clinical advancement.
- Enhance accessibility of research and EBP.
- Provide opportunity to disseminate projects at local, regional and national forums.

REFERENCES

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